

Foster Family Home - Corrective Action Report

Provider ID: 1-509309

Home Name: Norma Cabus, CNA

Review ID: 1-509309-6

98-1674 Laauhuahua Place

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 8/20/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 8/20/19.
Corrective Action Report issued during home inspection with all items due to CTA by 9/20/19.
6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

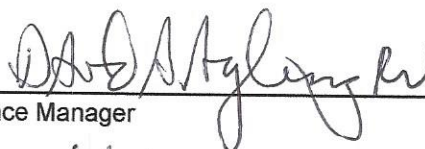
8.(a)(2) - APS/CAN expired on 7/24/19 for CG #1. Not done until 8/12/19.


Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - No non-medical transportation form present for CG #3, CG #4, and CG #6.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: NORMA CABUS

CCFFH Address: 98-1674 LAAUHUAHUA PLOU PEARL CITY HI. 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
3(a)(2)	I showed CTA a current APS/CAN for CG#1 on the of my recertification.	8/20/19	I placed the expiration date for APS/CAN for all CG'S on my I Phone calendar.
41(b)(5)	I fill out an alternative Transportation form + placed CG#3 CG#4, and CG#6 on top of the form		I set the reminder time for 3 weeks prior to expiration I will fill out an alternative transportation form everytime I hire new CG.

Primary Caregiver's Signature: Norma Cabus

Print Name: NORMA CABUS

Date of Signature: 8-20-2019